Iowa Department of Human Services NOTICE OF DISESTABLISHMENT OF PATERNITY ACTION

	Date:
To:	Case Number:
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	ein referred to as the "Unit") has received a file-stamped nity, filed in
	/-
	_,
	,
	_, the requester, has informed the Unit of his/her desire to d child(ren) and of his/her inability to locate you.
	nt which includes your address (or the name and address _ district court file for the above referenced court number c.
file-stamped copy of the court order dis	lish or enforce support for the above said child(ren) until a sestablishing paternity is provided to the Unit. The Unit is ction. Please contact the Unit listed below if you have any
Child Support Recovery Unit	_
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